

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF ERIK S.
HAUGLAND, M.D.

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
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DECLARATION OF ERIK S. HAUGLAND, M.D.

I, Erik S. Haugland, hereby declare:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I am a Family Medicine Physician/Gender Care Specialist at North Memorial Health ("North Memorial"). I graduated from Loma Linda University School of Medicine in Loma Linda, California and from 2008-2011 I did my residency at North Memorial Health in Robbinsdale, Minnesota. In 2011, I was officially hired at North Memorial Medical Center working at their Brooklyn Center Clinic ("North Memorial") providing family medical and gender care services. I am also an adjunct assistant professor at the University of Minnesota working with students and residents that rotate in Family Medicine and gender care electives.

3. At North Memorial, I and two other healthcare providers provide healthcare to approximately 78 transgender youth and 500 adults. Our Healthcare system was the first to offer GnRHa "puberty suppression" medication for this purpose in the State of Minnesota beginning in 2015.

4. At Family Tree Clinic ("Family Tree"), I provide gender care to patients 14 years of age and younger at Family Tree Clinic in Minneapolis. In 2024, I provided care to 253 patients at Family Tree Clinic. Family Tree specializes in gender care, sexual healthcare and is not a primary care clinic. The care that I provide to these patients may and often does include puberty suppression, hormone treatment, STI testing and birth control when needed.

5. With these clinics, there are two different models. At the North Memorial, I provide primary care treatment, as well as gender care to patients four days a week. Here, gender care is integrated into my primary care practices as my patients are more comfortable with me providing primary care than with a physician who cannot or will not also provide gender care.

1 6. My typical day at the North Memorial involves both typical primary care visits, as
2 well as gender care visits. The gender care visits include things such as hormone management, but
3 I also provide these patients with more common care, such as diabetes treatment, hypertension,
4 etc.

5 7. At the Family Tree Clinic, I only provide gender care, sexual healthcare, birth
6 control, STI testing, and pregnancy testing. This care includes puberty suppression, hormone
7 treatment, as well as birth control.

8 8. At both the Clinic and Family Tree Clinic I follow the World Professional
9 Association for Transgender Health (WPATH) Standards of Care. WPATH's guidelines are
10 created by a robust methodology and systematic review of research, testing, and work with
11 patients, families, and healthcare providers. In 2022, WPATH published its eighth version of the
12 Standards of Care for the treatment of individuals with gender dysphoria. WPATH is the
13 international leader in gender-affirming healthcare and WPATH's guidelines are considered to be
14 a standard of care for many medical care decisions and insurance coverage qualifications.

15 9. At both clinics, when I get a new patient seeking gender-affirming healthcare, I use
16 the same process. First, I complete an in-depth intake with the patient, including learning about
17 the patient's medical and social history. We have thorough discussions about what the patient is
18 looking for in gender care, including their experiences with gender dysphoria, gender identity, if
19 the patient has socially transitioned, the patient's self-image of their body, and other relevant
20 information. There are also standard screening requirements that I use. If the patient is a minor,
21 there are additional questionnaires that they need to complete.

22 10. If a patient chooses to pursue gender-affirming medical care such as hormone
23 therapy, I schedule a follow-up appointment with them. At this appointment I will complete an in-
24 depth counseling process with the patient and, if they are a minor, with their family. I make sure I

1 use both verbal and non-verbal communication methods to ensure that the patient and their family
2 have a clear understanding of what the medical care entails. This process goes more slowly if the
3 patient is a minor.

4 11. After the intake appointment, we typically schedule a follow-up appointment. No
5 one has chosen anything yet at this point; we are still getting to know each other and gathering
6 information.

7 12. If a minor wants to suppress puberty, I wait until puberty has started to prescribe
8 puberty blockers to ensure that the patient's fertility is not affected by the medication.

9 13. I am aware that President Trump issued an Executive Order "Protecting Children
10 from Chemical and Surgical Mutilation" which seeks to end gender affirming care for individuals
11 under 19 years old (Section 4), as well as directing the Department of Justice to enforce laws
12 against "female genital mutilation" by prosecuting medical providers facilitating this care to
13 individuals under 19 years old (Section 8).

14 14. I am very concerned about this Executive Order. The evidence is clear that denying
15 minors gender affirming healthcare increases rates of depression, anxiety, and suicidal ideation.
16 Recent studies have now shown the rates of death by suicide are higher for youth in states where
17 gender-affirming healthcare is banned, compared to states which protect gender-affirming care.

18 15. Not providing this healthcare to my patients is not a medically sound treatment
19 plan. Forcing trans youth to go through puberty or not receive the healthcare they need will cause
20 irreversible changes to their bodies in addition to having an extremely negative impact on their
21 mental health. The mere fact that this Executive Order was issued has already increased my
22 patients' anxiety and fear for their safety.

1 16. I am also concerned that my patients will seek hormone or other therapies from
2 illicit providers and no longer be able to have proper monitoring to ensure they are safe and healthy,
3 both mentally and physically.

4 17. Additionally, I have started getting frequent calls from my minor patients'
5 parents worried about how they can continue to provide their children with necessary health care
6 in the face of the Executive Order. A governmental edict should not get in the way of parents
7 making medical decisions for their children, with the support of their children, as well as their
8 children's medical providers. Healthcare decisions should be made by patients, families, and
9 healthcare providers based on a patient's individual need and guided by evidence-based practices,
10 peer-reviewed research, and clinical guidelines. Healthcare decisions should not be made by
11 government mandates.

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13 I declare under penalty or perjury under the laws of the State of Minnesota and the United States
14 of American that the foregoing is true and correct.

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16 DATED and SIGNED this 5th day of February 2025 at Minneapolis, Minnesota.

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19 _____
20 Erik S. Haugland, M.D.
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